

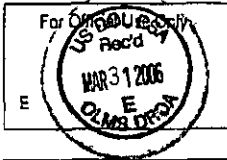
U.S. Department of Labor  
Office of Labor Management  
Standards  
Washington DC 20210

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 09059	2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name John J Torpey  P O Box Bldg Room No if any  Street 79 Sickletown Rd  City Orangeburg  State New York ZIP Code + 4 10962	4 Name file number and address of labor organization Name Enterprise Assn of Steamfitters Local 538  Labor Organization File Number 035 070  P O Box Building and Room Number if any  Street 32 32 48th Avenue  City Long Island City  State New York ZIP Code + 4 11101
5 Position in labor organization President	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	7 a Nature of Interest, Transaction or Income          7 b Amount

Signature

15 Signature and verification: The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)

Signed

*John J Torpey*

On

3/30/06  
Date

(718) 392 3420

Telephone Number

Name of Person Filing John Torpey	File Number U 09059
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p>b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c. s checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code 4</p>	<p>11 a Nature of such dealing</p> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of interest held or income received</p> <p>12 b Amount</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name Mechanical Contractors Assoc of NY Inc</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 450 W 28th St</p> <p>City New York</p> <p>State New York ZIP Code 4 10001</p>	<p>14 a Nature of payment</p> <p>Attended the CMC of America Conference in February 2005 The total expense was \$3 011 which included hotel airfare and conference registration \$1 861 was reimbursed to the MCA of NY Inc by my employer the balance I reimbursed directly</p>
<p>13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?</p>	<p>14 b Amount of payment \$3 011</p>

Name of Person Filing John Torpey	File Number U 09059
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## Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name Mechanical Contractors Assoc of NY Inc  Trade Name if any  P O Box Bldg Room No if any  Street 450 West 28th St  City New York  State New York ZIP Code + 4 10001	14 a Nature of payment  Attended to Mechanical Contractors Assoc of NY Inc golf outing in June 2005 The cost was \$400 The expense was reimbursed by my employer the Enterprise Assn of Steamfitters Local 638
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?	14 b Amount of payment. \$400

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment